

Name
in
Full

CERTIFICATE OF DEATH

John Arthur

Town

County

MARYLAND

Died at

Lyron

Carroll

Date

Month

Day

Years

Months

Days

of death

1905

Dec.

17

Age

79

11

11

Sex

Male

Color or
Race

White

Birth-
place

Ireland

Occupation

Retired Farmer

Where Residing if not
at place of death

—

Married, Single
or Widowed

Widower

Name of Wife or
Husband

Lyddie Bare

Father's
Name

Robert Arthur

Father's
BirthplaceCounty of Antietam
GreenlandMother's
Maiden Name

Margaret Taylor

Mother's
Birthplace

do

Name of person giving
Information

William Arthur

How related
to deceased

Nephew

CAUSES OF DEATH

Heart Failure

Primary

From Acute Indigestion

How long

half hour

Immediate

Are the name, age, sex, color, date
and place correctly given above?

Yes

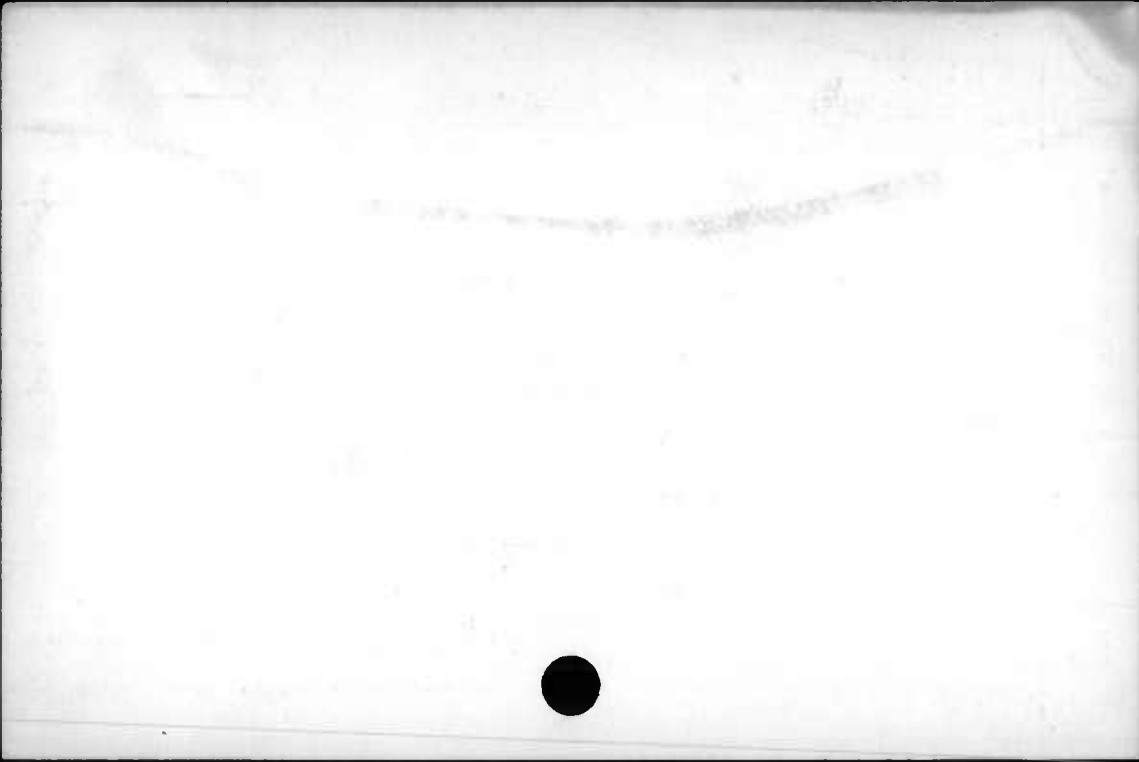
Signature of
Physician

Address

Jacob Truchard M.D.
Friggsburg Md

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

Francis S. Angel.

No. 126
CERTIFICATE OF DEATHTO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Union Bridge</i>		Town <i>Carroll. Co.</i>		County	
Date of death <i>1905</i>	Month <i>12</i>	Day <i>4</i>	Age <i>60</i>	Years	Months
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Carroll. Co. Md</i>		Days
Occupation <i>Housewife</i>			Where Residing if not at place of death <i>Union Bridge Md</i>		
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Mrs W Angel</i>				
Father's Name <i>Abraham Hall</i>			Father's Birthplace		
Mother's Maiden Name			Mother's Birthplace		
Name of person giving information <i>John W. Angel</i>			How related to deceased <i>Husband</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Uterine tumor</i>	How long
Immediate <i>Dropsey</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>Y/so</i>	Signature of Physician <i>James Pratt</i>
	Address <i>Carroll Co Md</i>
Accident or Suicide? <i>—</i>	

Wt. Union

Name
in
Full

CERTIFICATE OF DEATH

Celia A. Brown

Town

County

MARYLAND

Died at

Westminster

Carroll

Date

Month

Day

Years

Months

Days

of death

1905

dec

8

Age

40

5

28

Sex

Female

Color or
Race

Colored

Birth-
place

Maryland

Occupation

House servant

Where Residing if not
at place of death

Married, Single
or Widowed

Single

Name of Wife or
Husband

Father's
Name

Alfred Brown

Father's
Birthplace

Maryland

Mother's
Maiden Name

Kate McGlane

Mother's
Birthplace

do

Name of person giving
information

Jane Brown

How related
to deceased

Sister

CAUSES OF DEATH

Primary

Consumption

How long

6 Months

Immediate

"

How long

few weeks

Are the name, age, sex, color, date
and place correctly given above?

yes.

Signature of
Physician

Address

J. F. Shipley, M.D.
Westminster Md.

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Emittobury

Name
in
Full

Horace C. Caple

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Winfield		County Carroll		MARYLAND		
Date of death		1905	Month 12	Day 31	Years 21	Months 7	Days 4	
Sex		Male		Color or Race		White		
Married, Single or Widowed		Single		Occupation		Laborer		
Name of Wife or Husband								
Father's Name		William Caple				Father's Birthplace		Maryland
Mother's Maiden Name		Anna Stew				Mother's Birthplace		Carroll Co.,
Name of person giving in information		Anna Caple				How related to deceased		Mother,

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Epilepsy	How long	3 yrs.
Immediate	Epileptic convulsions	How long	Immediate death
Are the name, age, sex, color, date and place correctly given above?		yes	
Signature of Physician		E. D. Crook, M.D.	
Address		Winfield, Md.	
Accident or Suicide?			

Ebenezer

Name
in
Full

Mary A. Case

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Westminster</u> Town		County <u>Carroll</u>		MARYLAND	
Date of death <u>1905</u> Month <u>Dec</u> Day <u>2</u>		Age <u>76</u> Years		Months <u>—</u>	Days <u>—</u>
Sex <u>Female</u>		Color or Race <u>White</u>		Birth-place <u>Penn.</u>	
Occupation <u>—</u>		Where Residing if not at place of death <u>—</u>			
Married, Single or Widowed <u>Single</u>		Name of Wife or Husband <u>—</u>			
Father's Name <u>Paul Case</u>		Father's Birthplace <u>Ind</u>			
Mother's Maiden Name <u>Helen Adelsparger</u>		Mother's Birthplace <u>“</u>			
Name of person giving information <u>Annie Longaburger</u>		How related to deceased <u>Niece</u>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Paralysis</u>	How long <u>2 years</u>
Immediate <u>Heart Failure</u>	How long <u>—</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>Thos. J. Coonan</u>
	Address <u>Westminster</u>
Accident or Suicide? <u>—</u>	

Shaver
St John's

Name
in
Full

Elias Cole

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

64³

Died at		Town Westminster		County Carroll		MARYLAND	
Date of death	1905	Month Dec	Day 8	Age	56	Months 5	Days 4
Sex	male		Color or Race	Colored		Birth- place	Carroll Co Md
Occupation	Laborer			Where Residing if not at place of death			
Married or Widowed	Single married		Name of Wife or Husband				
Father's Name	Don't know					Father's Birthplace	
Mother's Maiden Name	Don't know					Mother's Birthplace	
Name of person giving Information	Joseph Wilcox					How related to deceased	Friend

CAUSES OF DEATH

Primary	Old age	How long	Permanently
Immediate	Heart Failure	How long	

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

Address

John S. Mathias
Westminster
Md.

Accident or Suicide?

PHYSICIAN
OR CORONER

Stoner

Ellsworth Cemetery

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDJohn T. Hoory
Died at ^{Town} Springfield Hospital^{County} Carroll

MARYLAND

Date of death 1905 Dec

Day 13

Age

Years 50

Months

Days

Sex

male

Color or
Race

White

Birth-
place

Md.

Occupation

Salesman

Where Residing if not
at place of deathMarried, State
ofName of Wife or
HusbandFather's
Name

Thomas Hoory

Father's
Birthplace

Ireland

Mother's
Maiden Name

Annie

Mother's
Birthplace

"

Name of person giving
Information

Hospital records

How related
to deceased

CAUSES OF DEATH

Primary

General Paresis

How long

about 2 1/2 years

Immediate

General debility

How long

Are the name, age, sex, color, date
and place correctly given above?

To best

Signature of
Physician

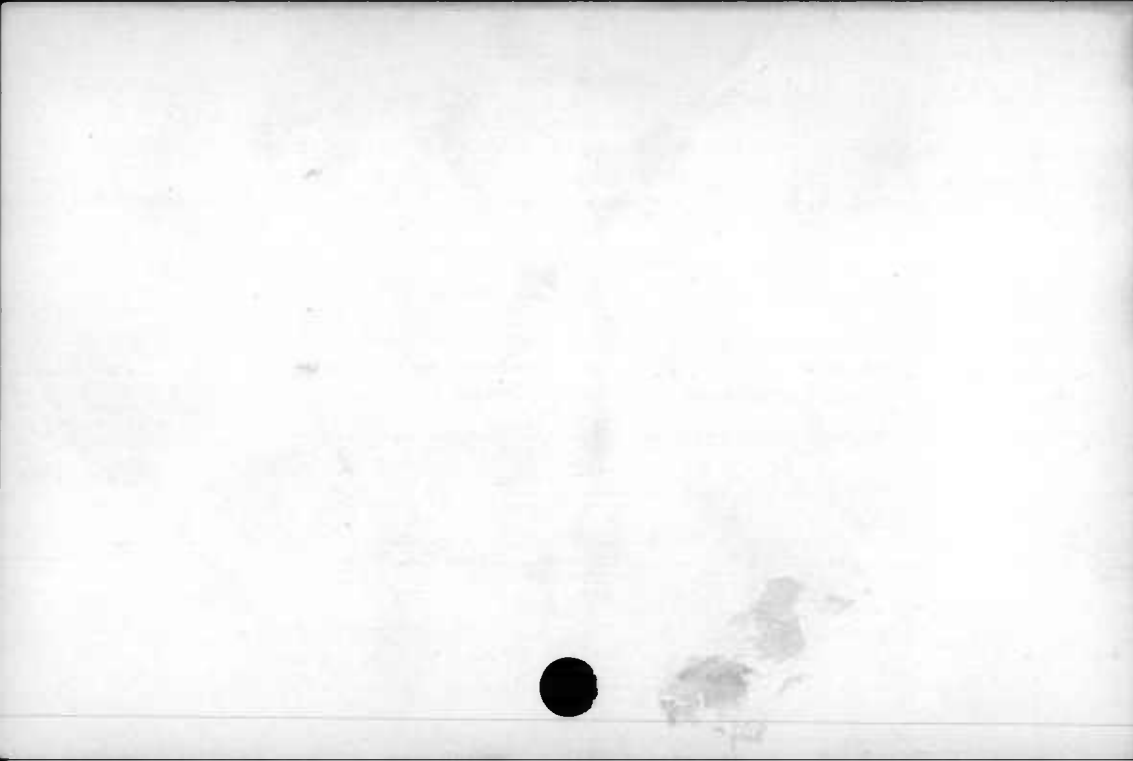
Address

of my knowledge

Accident or Suicide?

No

Chas. J. Carey
Synesville Md.

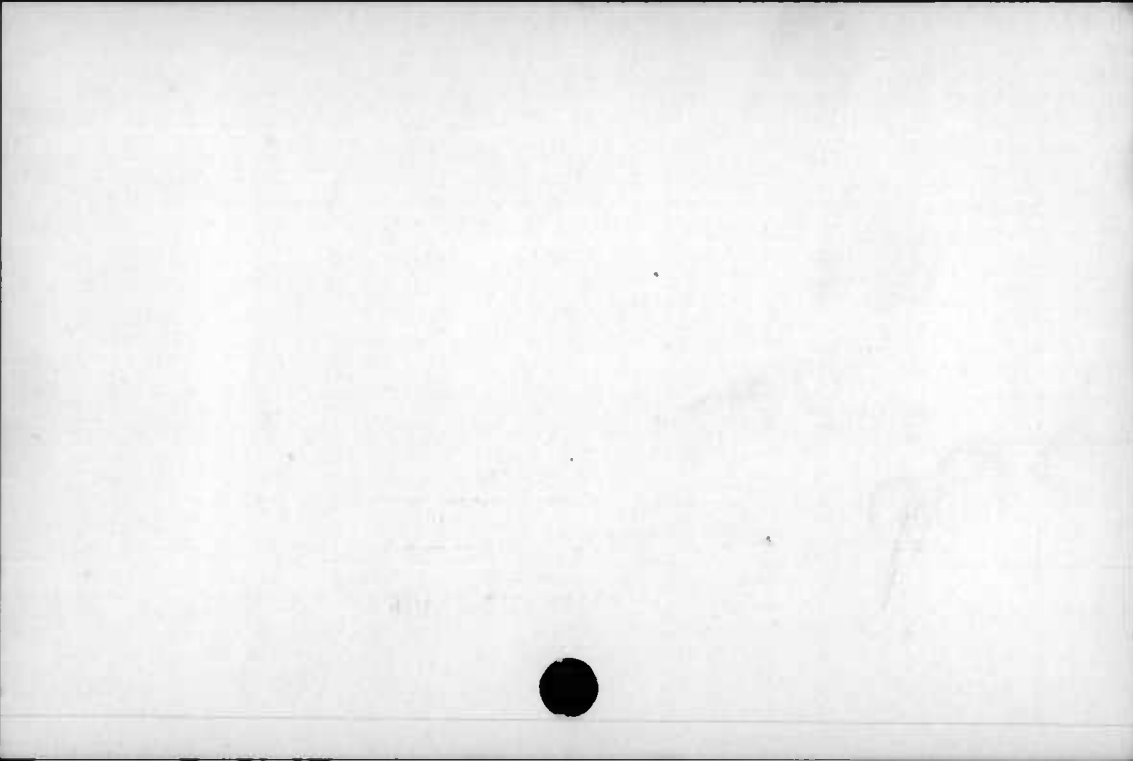


TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

2

Name in Full Mary Criscol		County Carroll		CERTIFICATE OF DEATH	
Died at Westminster		Town Westminster		MARYLAND	
Date of death 1905 Dec 29		Month Dec		Day 29	
Sex Female		Color or Race White		Age 12	
Occupation 		Birth place Ireland		Where Residing if not at place of death 	
Married, Single or Widowed Widow		Name of Wife or Husband John Criscol		Father's Birth place Ireland	
Father's Name Thomas Garvey		Mother's Maiden Name Catharine O'Connor		Mother's Birth place II	
Name of person giving information Catharine C Criscol		How related to deceased Daughter			
CAUSES OF DEATH					
Primary Verot Extension		How long 1 yr			
Immediate Exhaustion & age		How long 			
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician Ben D Wells		Address Westminster	
Accident or Suicide?					



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>John Eichorn</i>		Town <i>Shung Mills</i>		County <i>Carroll</i>		MARYLAND							
Date of death <i>1905</i>		Month <i>Dec</i>		Day <i>1</i>		Age <i>76</i>		Years <i>11</i>		Months <i>11</i>		Days	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Germany, Maryland</i>									
Occupation <i>Laborer</i>				Where Residing if not at place of death									
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Elizabeth Eichorn</i>											
Father's Name <i>Don't Know</i>		Father's Birthplace											
Mother's Maiden Name <i>Don't Know</i>		Mother's Birthplace											
Name of person giving information <i>Laurance A. Eichorn</i>		How related to deceased <i>Son</i>											

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Nephritis</i>		How long <i>18 Mos.</i>	
Immediate <i>Paralysis Exhaustion</i>		How long <i>36 hrs.</i>	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>Chas. R. Boush</i>	
		Address <i>Westminster Md.</i>	
Accident or Suicide? <i>No</i>			

Therapsid Conatus

Name
in
Full

Chas. W. Elchinson

CERTIFICATE OF DEATH

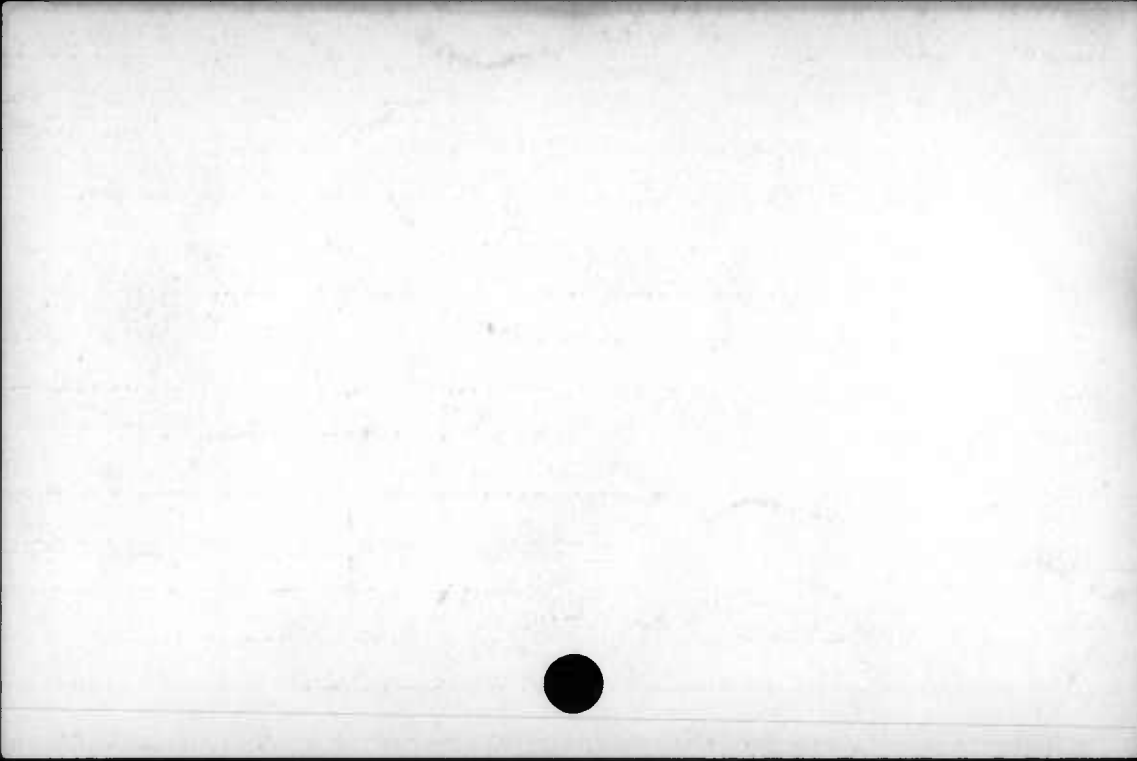
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Int. Airy</i>		County <i>Carroll</i>		MARYLAND	
Date of death 1905	Month <i>Dec.</i>	Day <i>18</i>	Age <i>22</i>	Months <i>7</i>	Days <i>25</i>
Sex <i>Male</i>	Color or Race <i>White American</i>	Birth-place <i>Int. Airy</i>			
Married, Single or Widowed <i>Single</i>		Occupation <i>Labourer</i>			
Name of Wife or Husband					
Father's Name <i>John W. Elchinson</i>			Father's Birthplace <i>Montgomery Co.</i>		
Mother's Maiden Name <i>Frances E. Hood</i>			Mother's Birthplace <i>Ridgely Md.</i>		
Name of person giving information <i>Olive Elchinson</i>			How related to deceased <i>Brother</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Epilepsy</i>	How long <i>all of his life</i>
Immediate <i>Asphyxia</i>	How long <i>Sudden</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>L. E. Brownell</i>
	Address <i>Int. Airy Md.</i>
Accident or Suicide?	



Name in Full

Certificate of Death

Rachel W. Everhart

Town

County

MARYLAND

Died at

Manchester

Carroll

Month

Day

Y.

M.

D.

Native of

Occupation

Date 19

05-

Dec 27

Age

70 10 21

Maryland

House wife

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

6

Husband of

Wife

Geo Everhart

Father's

Name

Jacob Frankfodder

Mother's

Maiden Name

Sarah Weaver

Cause of

Primary

Complications of disease

How long sick

6 months

Death

Immediate

Uremia

Accident, Suicide, Homicide

Reported by

J H Sherman M.D.

Address

Manchester

Carroll Co Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 76808



Name
in
FullInfant Fleming (M. M.)
Town Daniel County Carroll

CERTIFICATE OF DEATH

MARYLAND

Died ^{near} ~~near~~ ^{town} Daniel ^{County} Carroll
Date of death 1905 Month 12 Day 24 Age - Years - Months - Days -Sex Female Color or Race White Birth-place ^{near} DanielMarried, Single
or Widowed

Single

Occupation

Name of Wife or
HusbandFather's
Name

Chas. A. Fleming S.

Father's
Birthplace

Md.

Mother's
Maiden Name

Josephine Sullivan

Mother's
Birthplace

Md.

Name of person giving
information

Chas. A. Fleming

How related
to deceased

Father

CAUSES OF DEATH

Primary

How long

Immediate

How long

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

Address

A T Cline

Winfield Md.

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

Ebenzer.

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

CERTIFICATE OF DEATH

MARYLAND

Name of person giving information	John Leane, friend	How related to deceased	Grandmother
-----------------------------------	--------------------	-------------------------	-------------

CAUSES OF DEATH

Address Yancey Town
Ind

~~Accident or Suicide?~~



Name in Full		Harry Heistand				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Springfield Hospital		Carroll Co.		MARYLAND
	Date of death		1905	Month 12	Day 1st	Age 50	Months
	Sex		Male		Color or Race White		Birth-place Baeto. Md.
	Occupation		Locomotive Engineer		Where Residing If not at place of death		
	Married, Single or Widowed		Name of Wife or Husband Mrs Alice Heistand				
	Father's Name		Henry Heistand		Father's Birthplace York Pa		
	Mother's Maiden Name		Not Known		Mother's Birthplace		
Name of person giving information		Hospital Records.				How related to deceased	
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary		General Paresis		How long		5 years
	Immediate		Cerebral Congestion		How long		3 days.
	Are the name, age, sex, color, date and place correctly given above?		To best		Signature of Physician		W. Henry Fisher M. D.
	of my knowledge.		Address		Sykesville Md.		
Accident or Suicide?		None.					



Name

CERTIFICATE OF DEATH

John Franklin Hesson

Town

County

Died at

Westminster

Carroll

MARYLAND

Date

Month

Day

Years

Months

Days

of death

1905

Dec

3

Age

64

8

6

Sex

Male

Color or
Race

White

Birth-
place

Carroll Co Md

Occupation

Retired

Where Residing if not
at place of deathMarried, Single
or Widowed

Married

Name of Wife or
HusbandFather's
Name

John Hesson

Father's
Birthplace

Carroll Co Md

Mother's
Maiden Name

Jennie Crawford

Mother's
BirthplaceName of person giving
information

Harry Hesson

How related
to deceased

Son

CAUSES OF DEATH

Primary

Myocarditis

How long

3 years

Immediate

Cardiac Syncope

How long

1 hour

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Address

Jos. J. Henson
Westminster

Accident or Suicide?

m9

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

Stones

St. Benjamin's Cemetery

Name
in
Full

Elisha C. Hodderiott

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Springfield Hospital</i>		County <i>Carroll</i>		MARYLAND	
Date of death <i>1905</i>	Month <i>Dec</i>	Day <i>27</i>	Age <i>63</i>	Months	Days
Sex <i>male</i>	Color or Race <i>White</i>		Birth-place <i>Md.</i>		
Occupation <i>Carriage-Master</i>			Where Residing if not at place of death		
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Elizabeta</i>				
Father's Name <i>George Hodderiott</i>	Father's Birthplace <i>England</i>				
Mother's Maiden Name <i>Elizabeth Christopher</i>	Mother's Birthplace <i>Scotland</i>				
Name of person giving information <i>Geo W. Hodderiott</i>	How related to deceased <i>Son</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Alcoholic - dementia</i>	How long <i>about 2 yrs</i>
Immediate <i>Cerebral congestion</i>	How long <i>21 days</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Chas. J. Carey M.D.</i>
	Address <i>Springfield Hospital Lysenville Md.</i>
Accident or Suicide?	



Name
in
Full

Charles Henry Hoffacker

CERTIFICATE OF DEATH

Town

Alexia

County

Carroll

MARYLAND

Died at

Date

of death 1905

Month

Dec

Day

29

Age

Years

Months

Days

6 hrs

Sex

Male

Color or
Race

White

Birth-
place

Alexia

Occupation

Where Residing if not
at place of deathMarried, Single
or WidowedName of Wife or
HusbandFather's
Name

Samuel L. Hoffacker

Father's
Birthplace

Carroll Co

Mother's
Maiden Name

Jennifer C. Hoffacker

Mother's
Birthplace

York Co Md

Name of person giving
Information

Samuel L. Hoffacker

How related
to deceased

Son

CAUSES OF DEATH

Primary

How long

Immediate

Hemorrhage

How long

2 hours

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

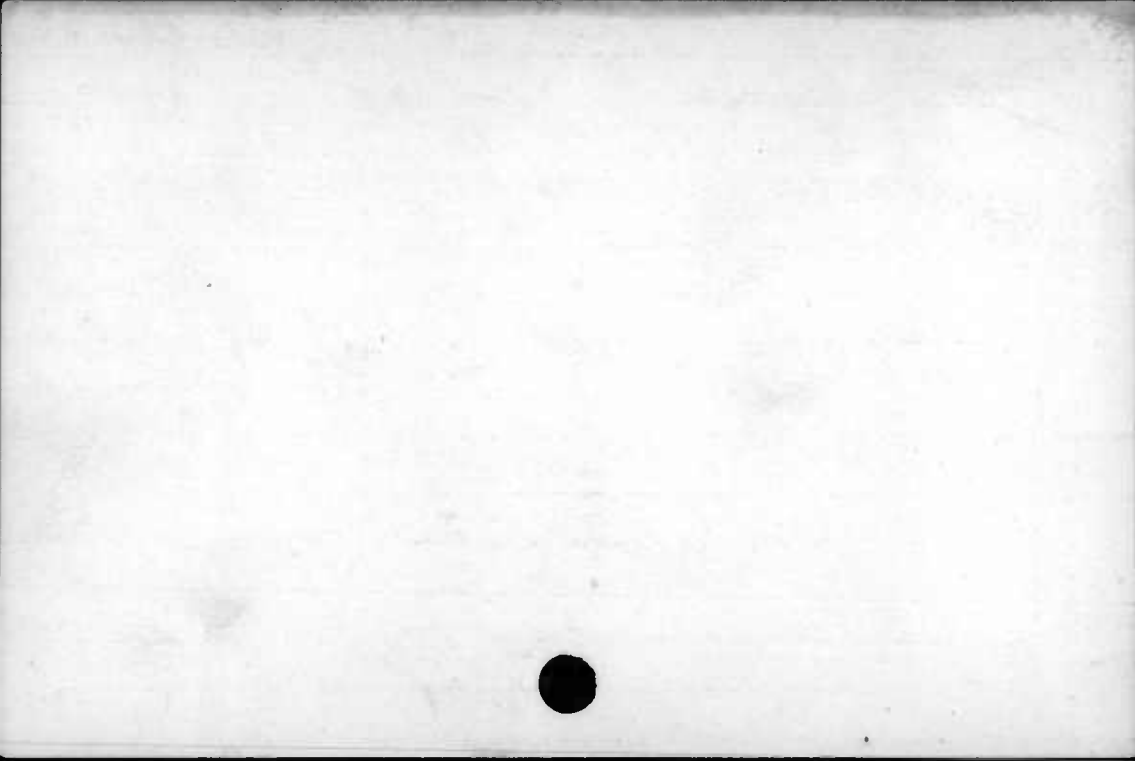
Address

J. H. Preston M.D.

Mechanicville
Ga

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name in Full

Certificate of Death

Elizabeth Anne Kerchner

Town

County

Died at

Snyderburg

Carroll

MARYLAND

Date 189

1905

Month

Day

Y.

M.

D.

Native of

Occupation

Dec 20

Age

77

2

2

Maryland

Housewife

~~Male~~

White

~~Married~~

Widow

~~Divorced~~

Female

~~Colored~~

Single

Widower

Number of children living 2

Husband of

Wife

Father's

Name

Joel Kerchner

John Smith

Mother's

Name

Cause of

Primary

Bright's Disease

Death

Immediate

How long sick

2 years

Accident, Suicide, Homicide

Reported by

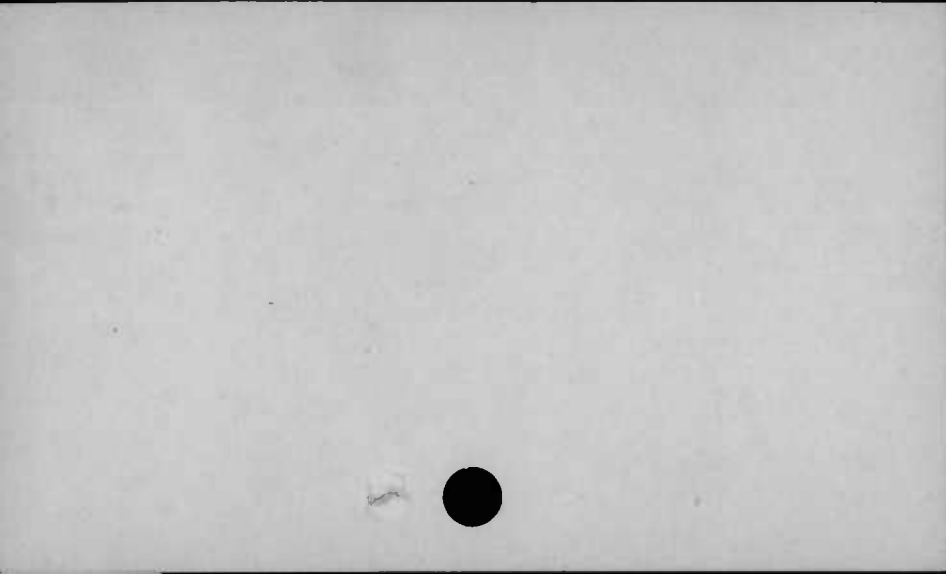
J. H. Sherman M.D.

Address

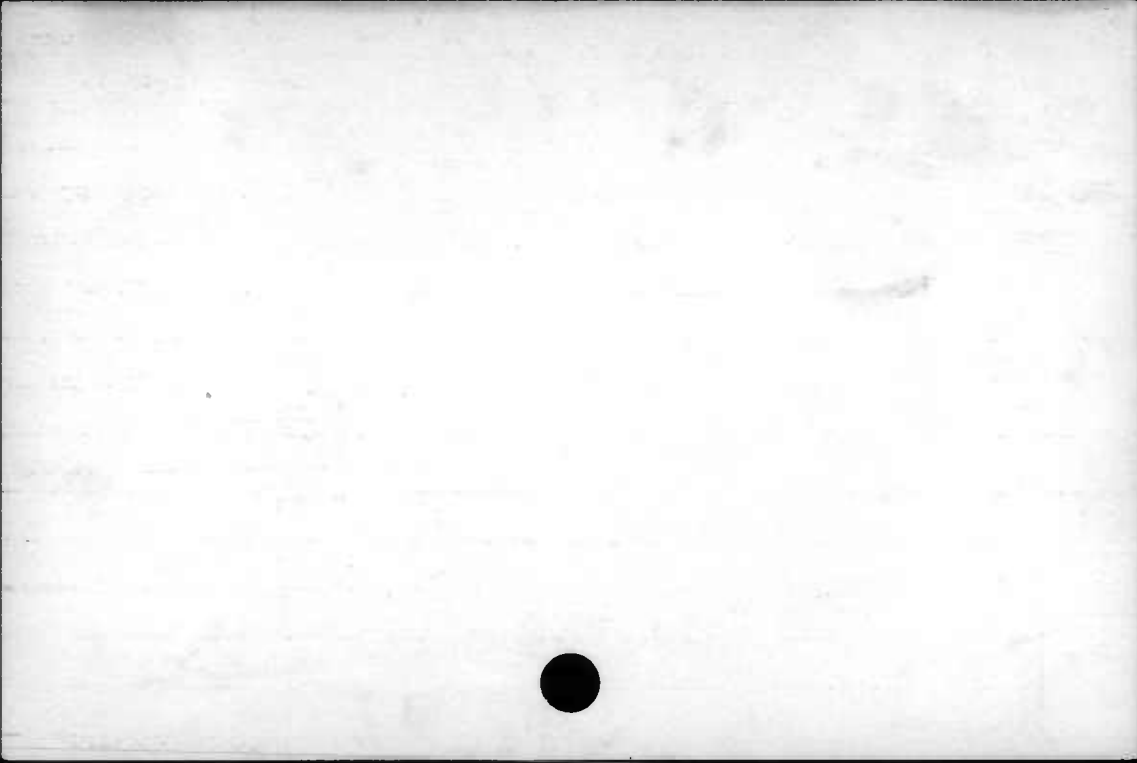
Manchester

Carroll Co Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full		George W. Lambert				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town Greenmount		County Carroll		MARYLAND
	Date of death		1905	Month Dec.	Day 1	Age 78	Years 11 Months 1 Days
	Sex		Male		Color or Race		White
	Occupation		Fuller		Birth- place		Carrollton
			Where Residing if not at place of death		Greenmount		
	Married, Single or Widowed		Married		Name of Wife or Husband		Sarah A. Lambert
	Father's Name				Father's Birthplace		
	Mother's Maiden Name				Mother's Birthplace		
PHYSICIAN OR CORONER	Name of person giving In formation		Katie J. Caltrider		How related to deceased		Daughter
	CAUSES OF DEATH						
PHYSICIAN OR CORONER	Primary		Cancer		How long		5 years
	Immediate		Droopy		How long		3 months
	Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician		J. H. Preston M.D.
	Address		[Redacted]		mauchester		
Accident or Suicide?		No					



Name
in
Full

Charles Ezra Martin

CERTIFICATE OF DEATH

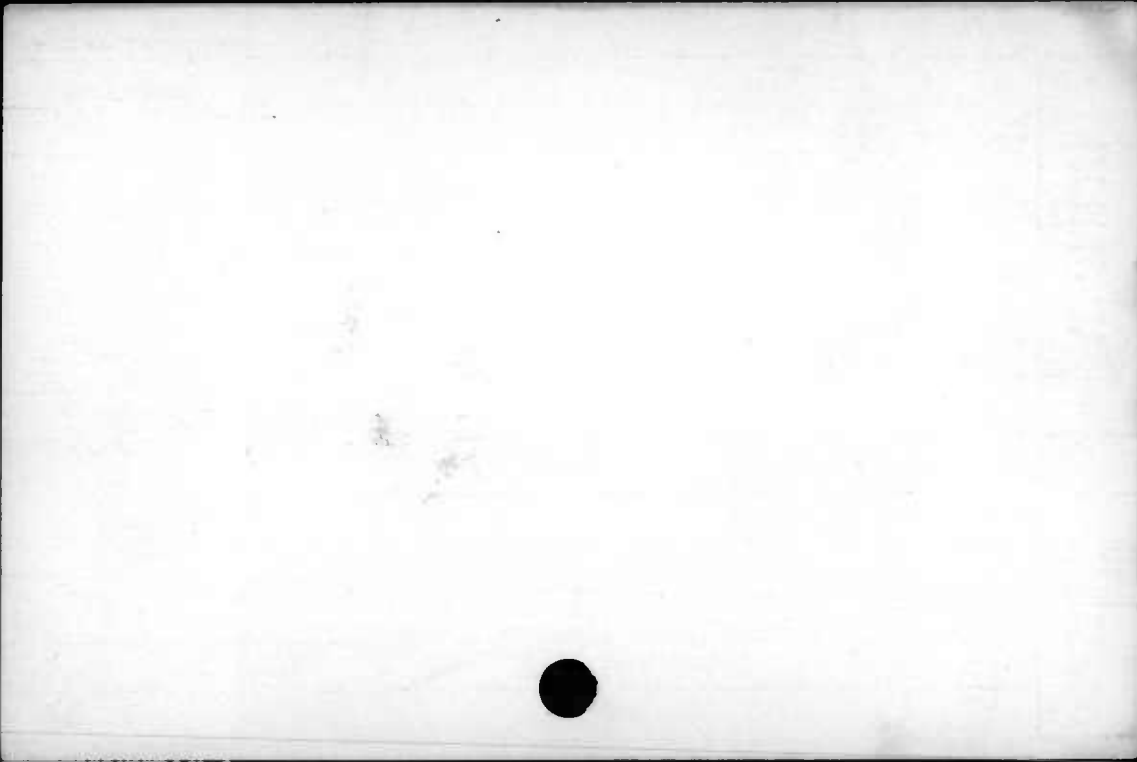
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Medford</i> Town		<i>Carroll</i> County		MARYLAND	
Date of death <i>1905</i>	Month <i>Dec</i>	Day <i>11</i>	Age <i>48</i>	Months <i>2</i>	Days <i>26</i>
Sex <i>Male</i>		Color or Race <i>W</i>		Birth-place <i>md</i>	
Occupation <i>Farmer</i>		Where Residing if not at place of death <i>Medford</i>			
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Ella A. Martin</i>				
Father's Name <i>Joseph Martin</i>	Father's Birthplace <i>md</i>				
Mother's Maiden Name <i>Henrietta Stevenson</i>	Mother's Birthplace <i>md</i>				
Name of person giving information <i>Dr. Montrose</i>			How related to deceased <i>no.</i>		

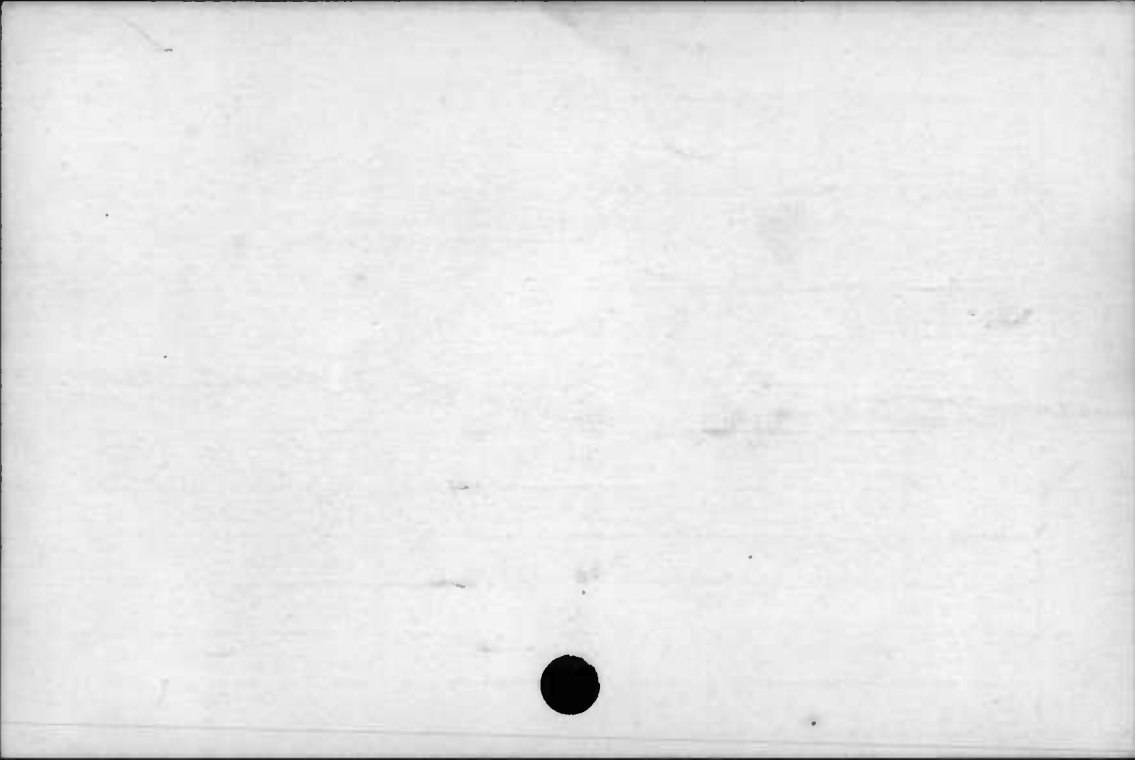
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Tuberculosis</i>	How long <i>7 months</i>
Immediate <i>Complication of disease</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>W. H. Montrose</i>
	Address <i>New Windsor</i>
Accident or Suicide? <input checked="" type="checkbox"/>	



Name in Full		Edna G. Melville				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND		Died at <i>Saithers</i>		Town <i>Carroll</i>		County	
		Date of death <i>1905</i>		Month <i>Dec</i>		Day <i>23</i>	
		Age <i>30</i>		Years		Months	
		Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Md.</i>	
		Occupation <i>none</i>		Where Residing if not at place of death <i>same</i>			
		Married, Single on Widow		Name of Wife Husband <i>John E. Gaither</i>		Father's Birthplace	
Father's Name <i>John E. Gaither</i>		Mother's Maiden Name		Mother's Birthplace		How related to deceased	
Name of person giving information <i>Husband</i>		130					
		CAUSES OF DEATH					
PHYSICIAN OR CORONER		Primary <i>Pelvic abscess</i>		How long <i>3 yrs</i>			
		Immediate <i>Exhaustion</i>		How long			
		Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>M D Morris</i>		Address <i>Eldersburg Md</i>	
		Accident or Suicide?					



Name In Full

Certificate of Death

Mrs. Jessie W. Moody
 Died at ^{Town} Mount Airy ^{County} Carroll ^{State} MARYLAND
 Date 1905 Dec 16 Y. M. D. Native of Maryland Occupation Housewife
 Male White Married Widow Divorced
 Female Colored Single Widower Number of children living 6

Husband of Jessie W. Moody
 Wife
 Father's Name Jessie Brandenberry Mother's Name

Cause of Death Primary Tuberculosis
 Immediate Exhaustion
 How long sick 10 days
 Accident, Suicide, Homicide

Reported by David M. Deville, M.D.
 Address Woodville Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79808



Name in Full

Certificate of Death

Martina Myers

Died at

Town

County

Linboro

Carroll

MARYLAND

Date 1905-

Month

Day

Y.

M.

D.

Native of

Occupation

Dec 21

Age

48 3 11

Maryland

Housewife

Male

White

Married

Widow

~~Divorced~~

Female

Colored

Single

Widower

Number of children living

None

Husband

of

Wife

Father's

Name

Mother's

Maiden Name

Jacob L Myers

Nicholas Smith

Cause of

Primary

Pneumonia

How long sick

6 days

Death

Immediate

93

Accident, Suicide, Homicide

Reported by

J H Sherman M.D.

Address

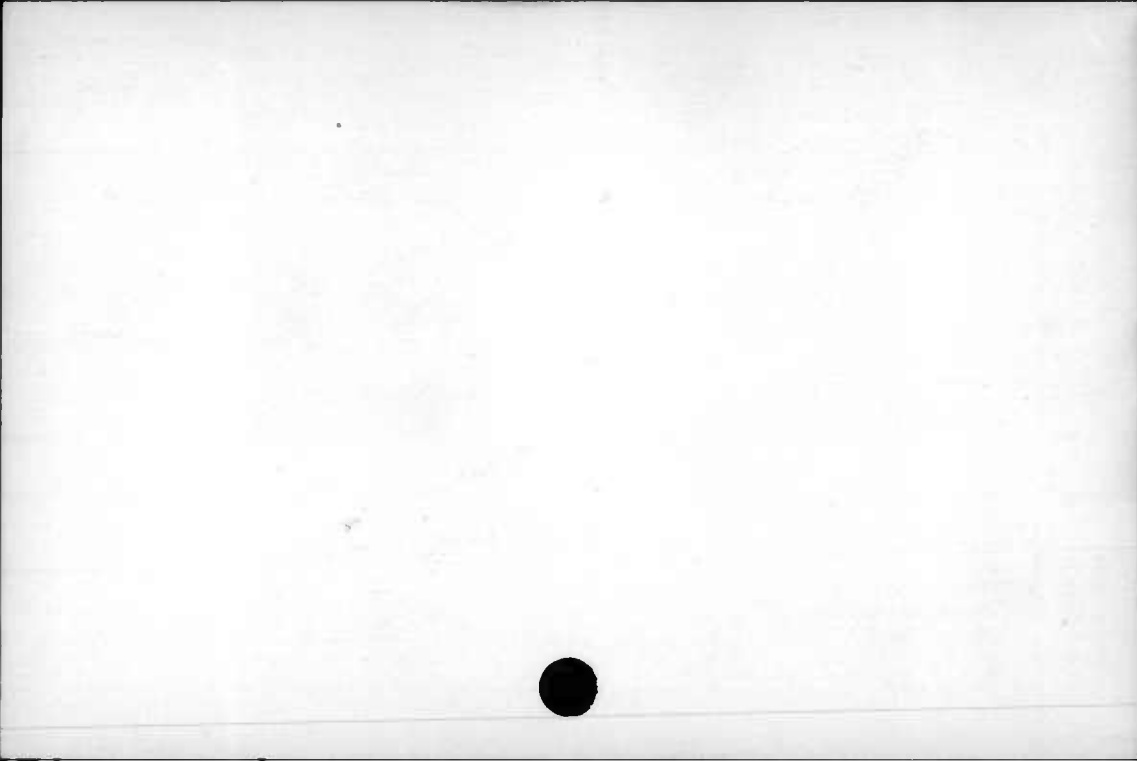
Manchester

Carroll Co Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full		John J. Norman				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Town Springfield Hospital -		County Carroll		MARYLAND	
	Date of death	1905	Month 12 th	Day 9 th	Age 73	Months	Days
	Sex	Male		Color or Race	White		Birth-place
	Occupation	Farmer			Where Residing if not at place of death		
	Married, Single or Widowed	Name of Wife or Husband					
	Father's Name					Father's Birthplace	
	Mother's Maiden Name					Mother's Birthplace	
Name of person giving information	Hospital Records.				How related to deceased		
<div style="text-align: center;">CAUSES OF DEATH</div>							
PHYSICIAN OR CORONER	Primary	Paralytic Dementia				How long	?
	Immediate	General Debility				How long	2 weeks
	Are the name, age, sex, color, date and place correctly given above?	To best of my knowledge.				Signature of Physician	W. Henry Fisher
	Accident or Suicide?					Address	Sykesville Md.



Name
in
Full

CERTIFICATE OF DEATH

George C Ogg

Town

County

MARYLAND

Died at

East View

Carroll

Date

of death

1905

Month

dec

Day

3

Age

Years

27

Months

2

Days

16

Sex

Male

Color or
Race

White

Birth-
place

Maryland

Occupation

Danner

Where Residing if not
at place of deathMarried, Single
or Widowed

Single

Name of Wife or
HusbandFather's
Name

George W Ogg

Father's
Birthplace

Maryland

Mother's
Maiden Name

Laura F Williams

Mother's
Birthplace

Id

Name of person giving
information

Garfield Ogg

How related
to deceased

Brother

CAUSES OF DEATH

Primary

Acute Interstitial

How long

6 months

Immediate

Heart Enlargement

How long

3 weeks

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

J. D. Wells

Address

Washington

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

~~Wills~~

Shawyer

Dear Parth Chapul

Name

in

Full

CERTIFICATE OF DEATH

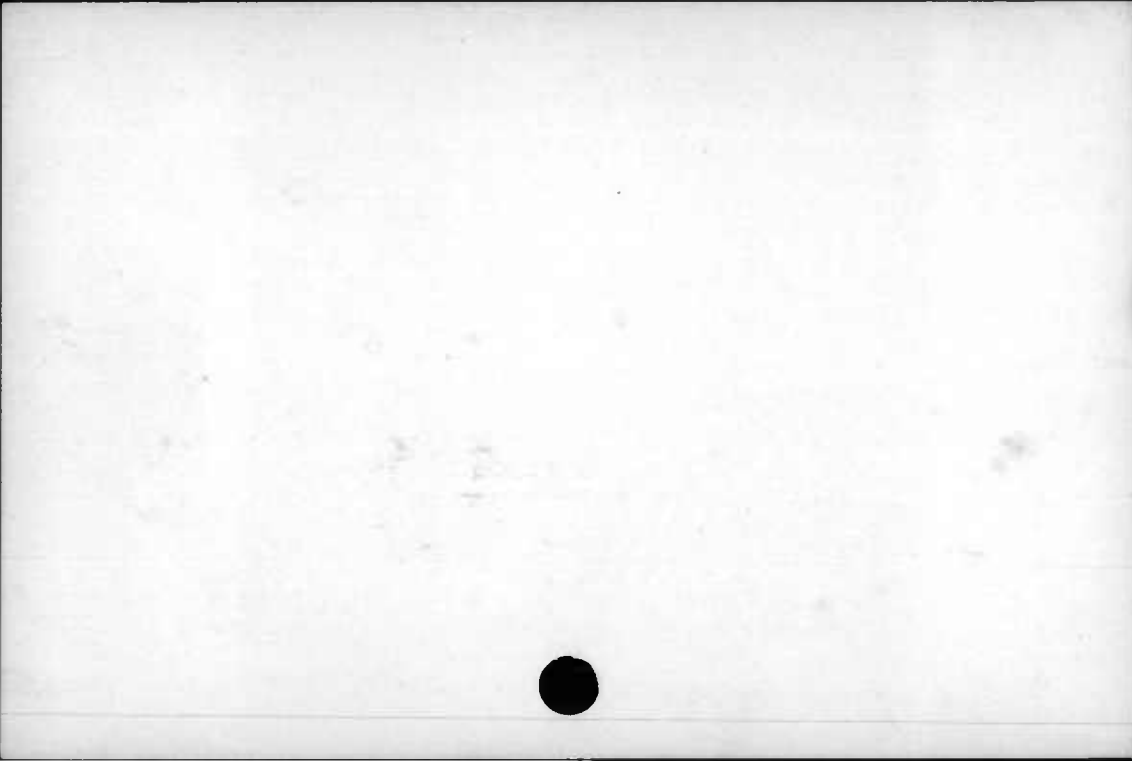
TO BE ANSWERED BY
NEAREST FRIEND

Name *George Otto*
 Died at *Taneytown* ^{Town} *Garroly* ^{County}
 Date of death *1905* ^{Month} *Dec* ^{Day} *8* ^{Years} *30* ^{Months} ^{Days}
 Sex *Male* Color or Race *White* Birth-place *Ind*
 Occupation *Salmon* Where Residing if not at place of death
 Married, Single or Widowed *Married* Name of Wife or Husband
 Father's Name *David Otto* Father's Birthplace *Ind*
 Mother's Maiden Name *Martha Leanne* Mother's Birthplace *Ind*
 Name of person giving information *John Otto* How related to deceased *Son*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Acute debility* How long
 Immediate *Bronchitis* How long *3 days*
 Are the name, age, sex, color, date and place correctly given above? *Yes*
 Signature of Physician *Dr. Guiney*
 Address *Taneytown*
 Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Chas. Eugene Pickett</i>		Town <i>near Taylorsville</i>		County <i>Carroll</i>		MARYLAND			
Died at		Date of death		Age		Months		Days	
		<i>6 12 29</i>		<i>39</i>		<i>—</i>		<i>18</i>	
Sex <i>Male</i>		Color or Race <i>white</i>		Birth-place <i>Maryland</i>					
Married, Single or Widowed <i>Married</i>		Occupation <i>Farming</i>							
Name of Wife or Husband <i>Verdie H. Kearn</i>									
Father's Name <i>Thos Pickett (deceased)</i>		Father's Birthplace <i>Maryland.</i>							
Mother's Maiden Name <i>Lydia Swatz (deceased)</i>		Mother's Birthplace <i>Maryland.</i>							
Name of person giving information <i>Labelle Franklin</i>		How related to deceased <i>Sister.</i>							

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Nephritis</i>	How long <i>1 yr</i>
Immediate <i>Uremie convulsions</i>	How long <i>1/2 hour</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>A J Lerach</i>
	Address <i>Winfield Md.</i>
Accident or Suicide?	

¹
Taylorville

Name
in
Full

Charles Beck

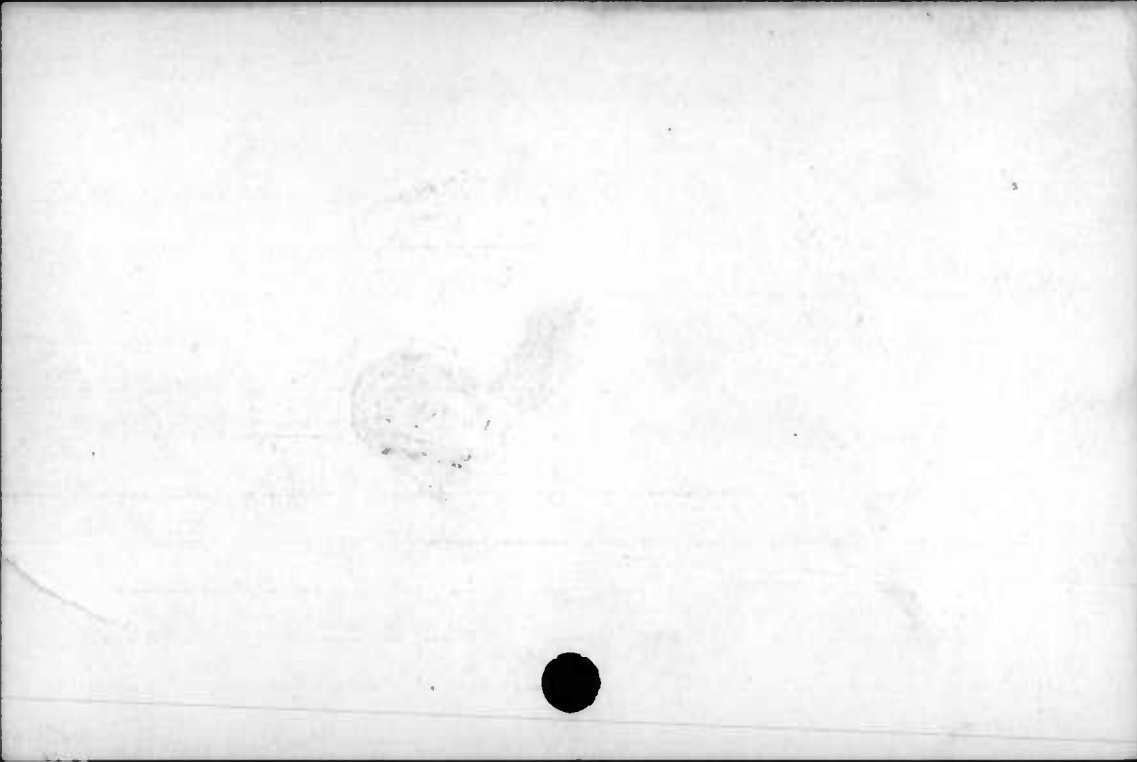
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Taneytown List		County Carroll		MARYLAND	
Date of death		1905	Month 12	Day 15	Age 81	Years 10	Months 10
Sex	Male		Color or Race	White		Birth-place	Pa
Occupation	Farmer			Where Residing if not at place of death			
Married, Single or Widowed	Married		Name of Wife or Husband	Annæe Cox			
Father's Name	John Beck				Father's Birthplace	C	
Mother's Maiden Name	Whiteshew				Mother's Birthplace		
Name of person giving information	Harrie Beck				How related to deceased	Son	

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary	Pneumonia	How long	7 days.
	Immediate	Failure of respiration	How long	1/2 day.
	Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	G. H. Seiss,
			Address	Taneytown.
Accident or Suicide?		md.		



Name
in
Full

CERTIFICATE OF DEATH

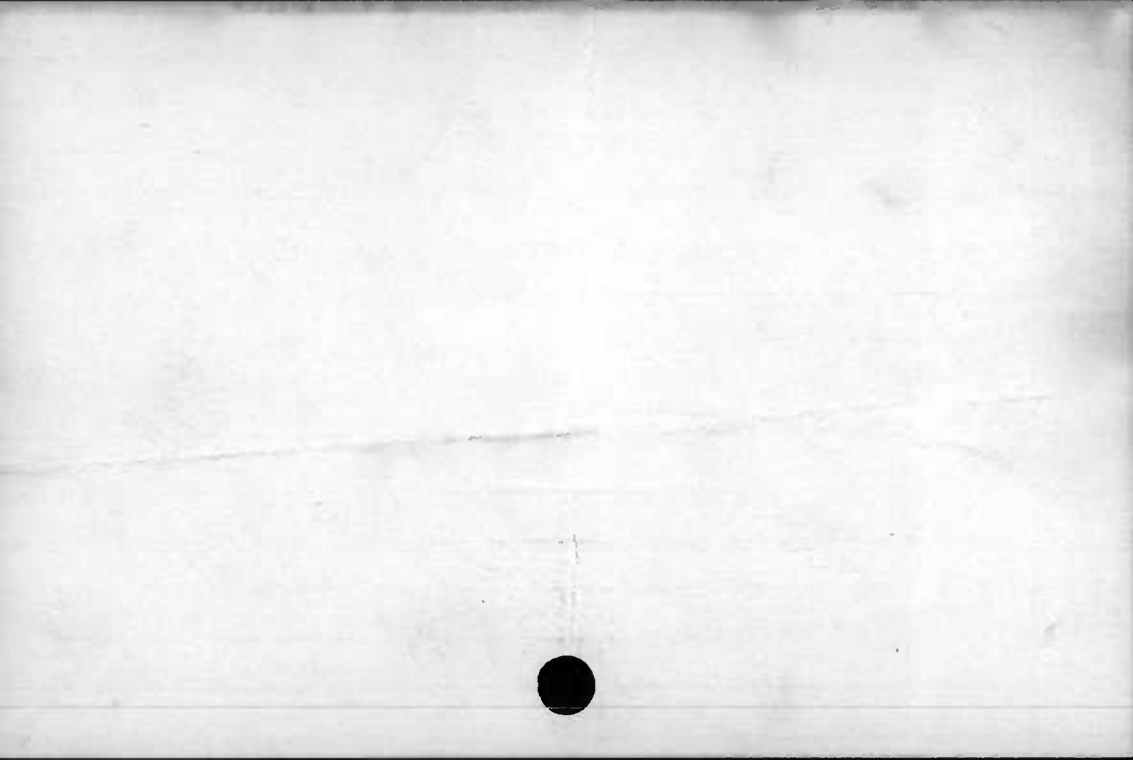
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>James Wilson Rhubottom</i>		County <i>Carroll</i>		MARYLAND	
Died at <i>Near Sylesville</i>		State <i>Maryland</i>		Month <i>6</i>	
Date of death <i>1905 Dec 31</i>		Age <i>1</i>		Days <i>6</i>	
Sex <i>Male</i>		Color or Race <i>African</i>		Birth-place <i>Carroll Co</i>	
Occupation <i></i>		Where Residing if not at place of death <i></i>			
Married, Single or Widowed <i></i>		Name of Wife or Husband <i></i>			
Father's Name <i>John Rhubottom</i>		Father's Birthplace <i>Carroll Co</i>			
Mother's Maiden Name <i>Iida Y. Johnson</i>		Mother's Birthplace <i>Carroll Co</i>			
Name of person giving information <i>Colatene Thomas</i>		How related to deceased <i>3rd Cousin</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Lightning</i>	How long <i>About 1 mo</i>
Immediate <i>Insomnia</i>	How long <i>About 15 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>C. H. Wiffinger</i>
	Address <i>Sylesville</i>
Accident or Suicide? <i></i>	<i>ms</i>



Name in Full

Certificate of Death

Mrs Annie H. Simmons

Town

County

MARYLAND

Died at Linboro

Carroll

Date 1905-
 189-
 Month Dec Day 11
 Age 89 Y. 9 M. 8 D. Native of Germany Occupation

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living 2

Husband of

Wife

Father's

Name

Mother's

Name

Cause of Primary

General Debility

How long sick

3 days

Death Immediate

Accident, Suicide, Homicide

Reported by

J. H. Sherman M.D.

Address

Manchester Carroll Co Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79896



Name
in
Full

William McClane Smith

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died near <i>Sykesville</i>		Town <i>Sykesville</i>		County <i>Carroll</i>		MAYLAND							
Date of death <i>1905</i>		Month <i>Dec.</i>		Day <i>19</i>		Age <i>2</i>		Years <i>2</i>		Months <i>-</i>		Days <i>-</i>	
Sex <i>male</i>		Color or Race <i>Colored</i>		Birth-place <i>md.</i>									
Occupation <i>none</i>				Where Residing if not at place of death <i>-</i>									
Married, Single or Widowed <i>-</i>				Name of Wife or Husband <i>-</i>									
Father's Name <i>Henry Smith</i>				Father's Birthplace <i>md.</i>									
Mother's Maiden Name <i>Maggie Collins</i>				Mother's Birthplace <i>md</i>									
Name of person giving information <i>Henry Smith</i>				How related to deceased <i>Father</i>									

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Broncho-pneumonia</i>		How long <i>3 weeks</i>	
Immediate <i>Pericarditis</i>		How long <i>1 week</i>	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>M D Morris</i>	
		Address <i>Eldersburg</i>	
Accident or Suicide? <i>no.</i>			



Name in Full		Matilda Staunbury				CERTIFICATE OF DEATH	
		Town Westminster		County Carroll		MARYLAND	
TO BE ANSWERED BY NEAREST FRIEND		Died at		Date		Where Residing if not at place of death	
		Month		Day		Years	
		of death		1905		Age	
		1 Dec.		1		76	
		Sex		Color or Race		Months	
Female		White		10		18	
Occupation		Birth-place		Carroll Co Md			
Married, Single or Widowed		Name of Wife or Husband					
Widow							
Father's Name		David Little		Father's Birthplace		Pa	
Mother's Maiden Name		Susie Little		Mother's Birthplace		Pa	
Name of person giving information		George Staunbury		How related to deceased		Son	
		CAUSES OF DEATH					
PHYSICIAN OR CORONER		Primary		Lung disease		How long	
		Immediate		Old Age		2 months	
		Are the name, age, sex, color, date and place correctly given above?		Yes			
		Signature of Physician		MD Rott MD			
		Address		Westminster Md			
Accident or Suicide?							

5 Lines

Silver River

Name
in
Full

Dwaine Daniel Stoner

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Westminster</u> ^{Town}		<u>Carroll</u> ^{County}		MARYLAND	
Date of death	1905	Month	Dec	Day	14 th
Age	11	Years	11	Months	Three - 3 -
Sex	Male	Color or Race	White	Birthplace	Westminster, Md
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	Harry Daniel Stoner			Father's Birthplace	Westminster, Md
Mother's Maiden Name	Lora Elizabeth Patten			Mother's Birthplace	Fairbury, Ill.
Name of person giving information	H D Stoner			How related to deceased	Father

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Tuberculosis (Chronic)	How long	Several years
Immediate	Congestion of Lungs	How long	12 hours -
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	Chas. R. Foutz, M.D.
yes		Address	Westminster Md
Accident or Suicide?			

at Brethens Cemetery
Stones

Name
in
Full

Rorie T. Ludwig

CERTIFICATE OF DEATH

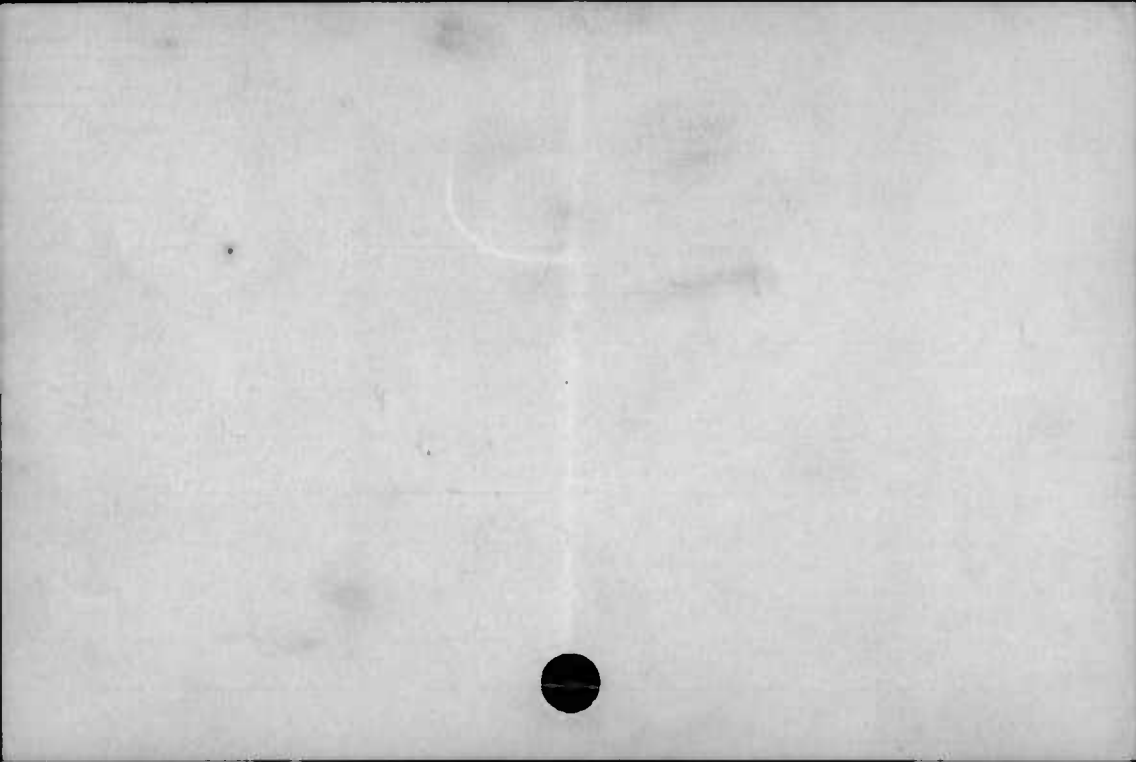
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Oakland		County Kanawha		MARYLAND	
Date of death	1900	Month Dec.	Day 9	Age Years	25	Months	Days
Sex	Female		Color or Race	White		Birth- place	Virginia
Occupation	Nurse			Where Residing if not at place of death		Place of death	
Married, Single or Widowed	Single		Name of Wife or Husband				
Father's Name	R. P. Ludwig					Father's Birthplace	Virginia
Mother's Maiden Name	Caroline B. Fulton					Mother's Birthplace	Virginia
Name of person giving In formation	R. P. Ludwig					How related to deceased	Father

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Pulmonary Tuberculosis		How long	Three years
Immediate	Asphyxiation & Embolism		How long	Several hours
Are the name, age, sex, color, date and place correctly given above?	yes		Signature of Physician	J. H. Starnes, M.D.
			Address	Harrisonville, Mo.
Accident or Suicide?	No			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full Sarah Swartzbaugh		Town Westminster		County Harmon		State MARYLAND	
Died at Westminster		Month Dec		Day 24		Age 78	
Date of death 1905		Months 6		Days 6			
Sex Female		Color or Race White		Birth-place Maryland			
Occupation 		Where Residing if not at place of death 					
Married, Single or Widowed Widow		Name of Wife or Husband John Swartzbaugh					
Father's Name Edward F. Swartzbaugh		Father's Birthplace Pa.					
Mother's Maiden Name Annan. Storer		Mother's Birthplace "					
Name of person giving information Charles Dyles		How related to deceased Brother-in-law					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Apoplexia	How long few hours
Immediate "	How long " "
Are the name, age, sex, color, date and place correctly given above? Yes	Signature of Physician D. R. Shipley M.D.
	Address Westminster Md.
Accident or Suicide? 	

Shaver

~~Washington~~ ~~Canada~~

Name
in
Full

CERTIFICATE OF DEATH

John Tighe

Town

County

Died at Springfield Hospital

Carroll

MARYLAND

Date

of death 1905

Month

12th

Day

12th

Age

Years

36

Months

Days

Sex

Male

Color or
Race

White

Birth-
place

Balto. Md.

Occupation

Laborer

Where Residing if not
at place of deathMarried, Single
or Widowed

Single

Name of Wife or
HusbandFather's
NameFather's
BirthplaceMother's
Maiden NameMother's
BirthplaceName of person giving
Information

Hospital Records.

How related
to deceased

CAUSES OF DEATH

Primary

General Paresis

How long

3 yrs.

Immediate

Renal Colic

How long

18 hours.

Are the name, age, sex, color, date
and place correctly given above?

To best

Signature of
Physician

W. Henry Fisher

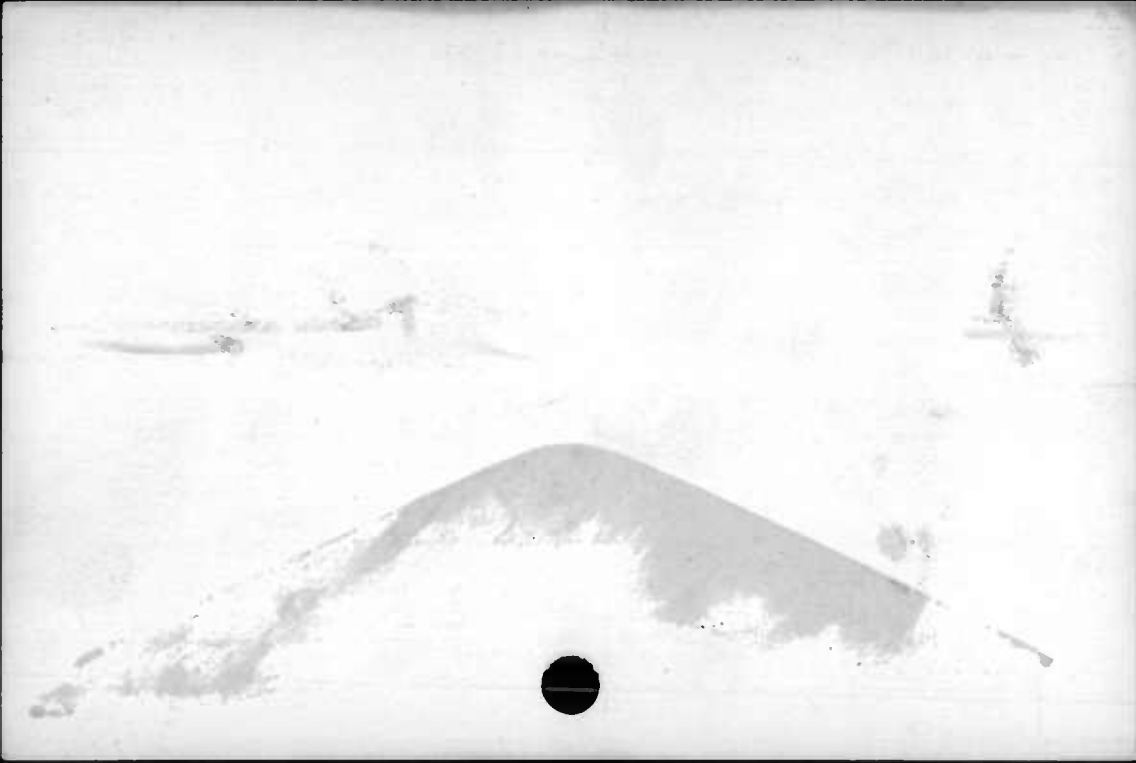
Address

Sykesville
Md.

Of my knowledge.

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

Sarah H. Waters

CERTIFICATE OF DEATH

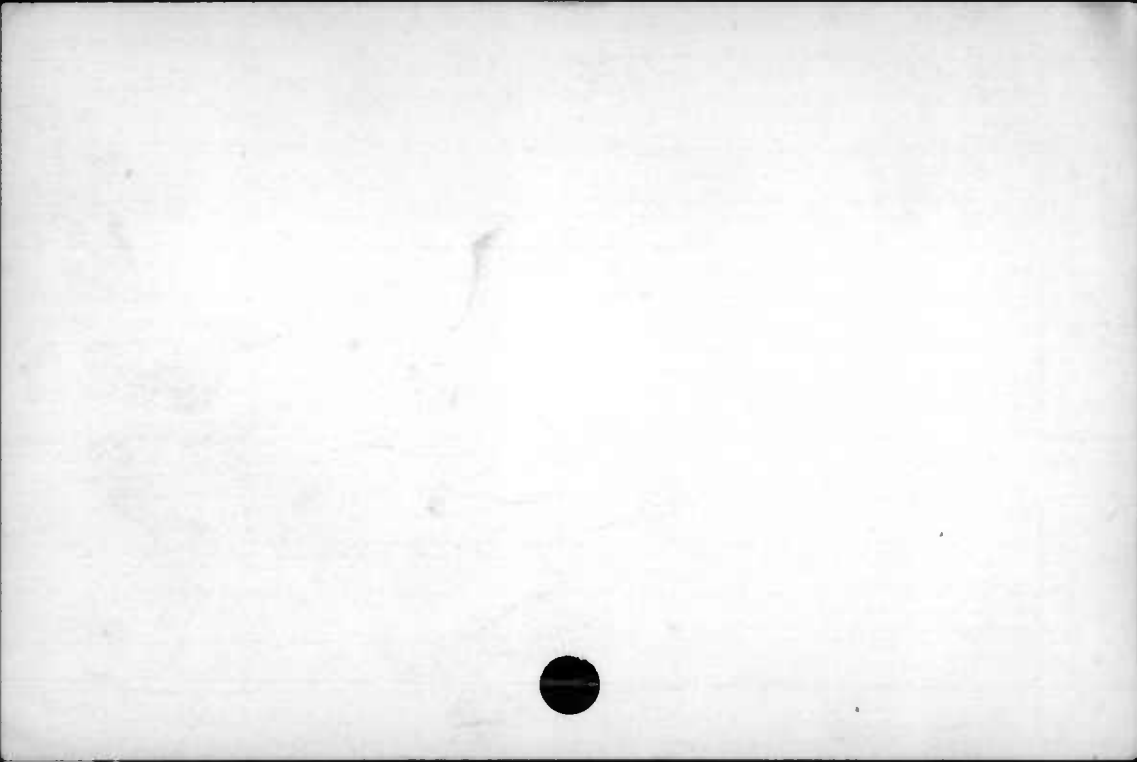
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Watsonville		County Carroll		MARYLAND	
Date of death		Month Dec.	Day 6	Years 65	Months		Days
Sex	Female		Color or Race	White American		Birth-place	Middletown Va
Occupation	Teacher			Where Residing if not at place of death		at home of Mrs. R. Waters near Watsonville	
Married, Single or Widowed	Single		Name of Wife or Husband		—		
Father's Name	Rev. S. R. Waters				Father's Birthplace		—
Mother's Maiden Name	Rachel Mackelfish				Mother's Birthplace		Montgomery Co. Md.
Name of person giving information	Miss Estelle Waters				How related to deceased		Niece

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	—		How long	—
Immediate	Cerebral Hemorrhage		How long	9 days
Are the name, age, sex, color, date and place correctly given above?		Yes	Signature of Physician	W. E. Lewis
			Address	Int. City, Md.
Accident or Suicide?				



Name
in
Full

Bradley Franklin Augustus Williams

CERTIFICATE OF DEATH

Died at *Sykesville* Town

County

Carroll

MARYLAND

Date

of death *1905*

Month

Dec

Day

5

Age

Years

Months

5

Days

Sex

*male*Color or
Race*Black*Birth-
place*Carroll Co. Md*

Occupation

Where Residing if not
at place of deathMarried, Single
or WidowedName of Wife or
HusbandFather's
Name*Osbourne Williams*Father's
Birthplace*Howard Co*Mother's
Maiden Name*Clara Dorsey*Mother's
Birthplace*Howard Co.*Name of person giving
information*Osbourne Williams*How related
to deceased*Father*

CAUSES OF DEATH

Primary

Meningitis

How long

4 days

Immediate

Convulsion

How long

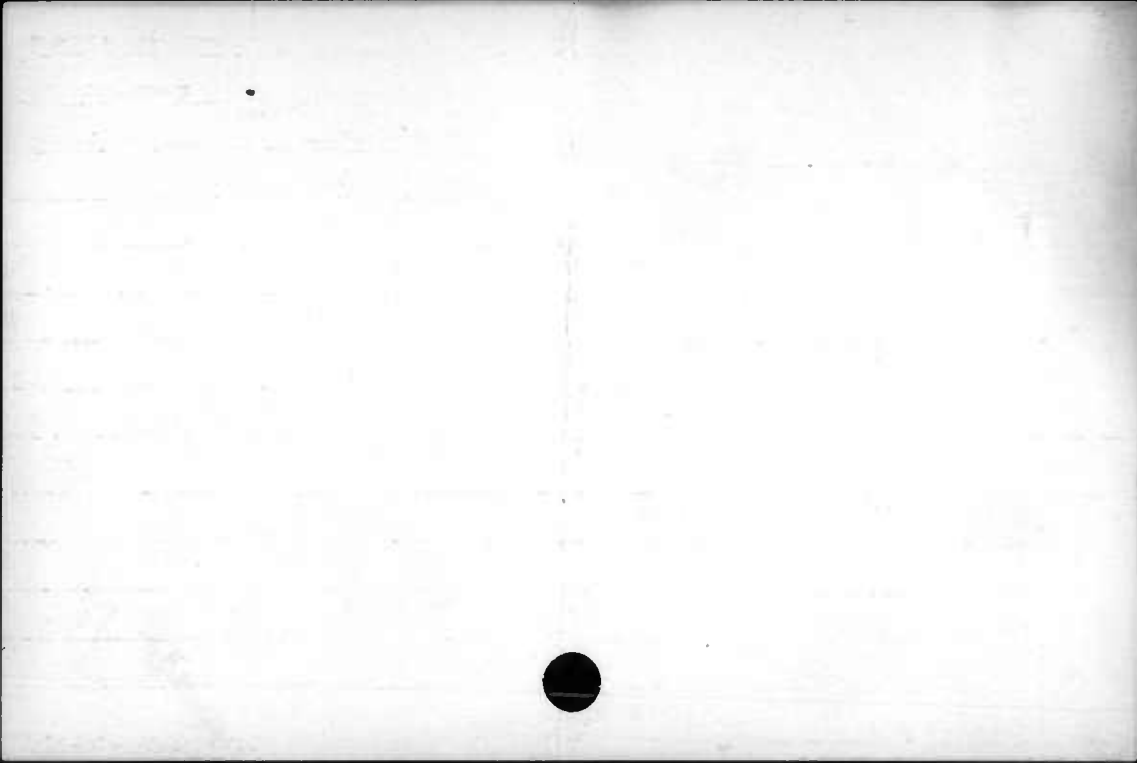
Are the name, age, sex, color, date
and place correctly given above?*Yes*Signature of
Physician*David B. Frecher*

Address

*Sykesville
Md.*

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name in Full

Certificate of Death

Masura S. Wine,
 Town County

Died at Manchester Carroll

MARYLAND

Date 1895 12 26 Age 30. 8. 28 America Teacher
 Male White Married Widow Divorced
 Female Colored Single Widower Number of children living

Husband
 of

Father's Name Perry Wine Mother's Name Cassa Ann Wine

Cause of Death Primary Nephritis with Peritonitis 12 days
 Immediate Abdominal Abscess Accident, Suicide, Homicide

Reported by J. F. B. Weaver M. D.
 Address Manchester Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65965



Name
in
Full

Elvie Mae Zuse

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Greenmount ^{Town} Carroll ^{County} MARYLAND

Date of death 1905 ^{Month} Dec ^{Day} 17 ^{Years} Age 29 ^{Months} 3 ^{Days} 8

Sex Female Color or Race White Birth-place Littlestown

Occupation Housewife Where Residing if not at place of death Baltimore

Married, Single or Widowed Married Name of Wife or Husband Albert A. Zuse

Father's Name Hiram H. Echelberger Father's Birthplace Jacobs Mill

Mother's Maiden Name Emma Britcher Mother's Birthplace Hanover

Name of person giving information Rev. H. H. Zuse How related to deceased by marriage

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Brain convulsions How long 120

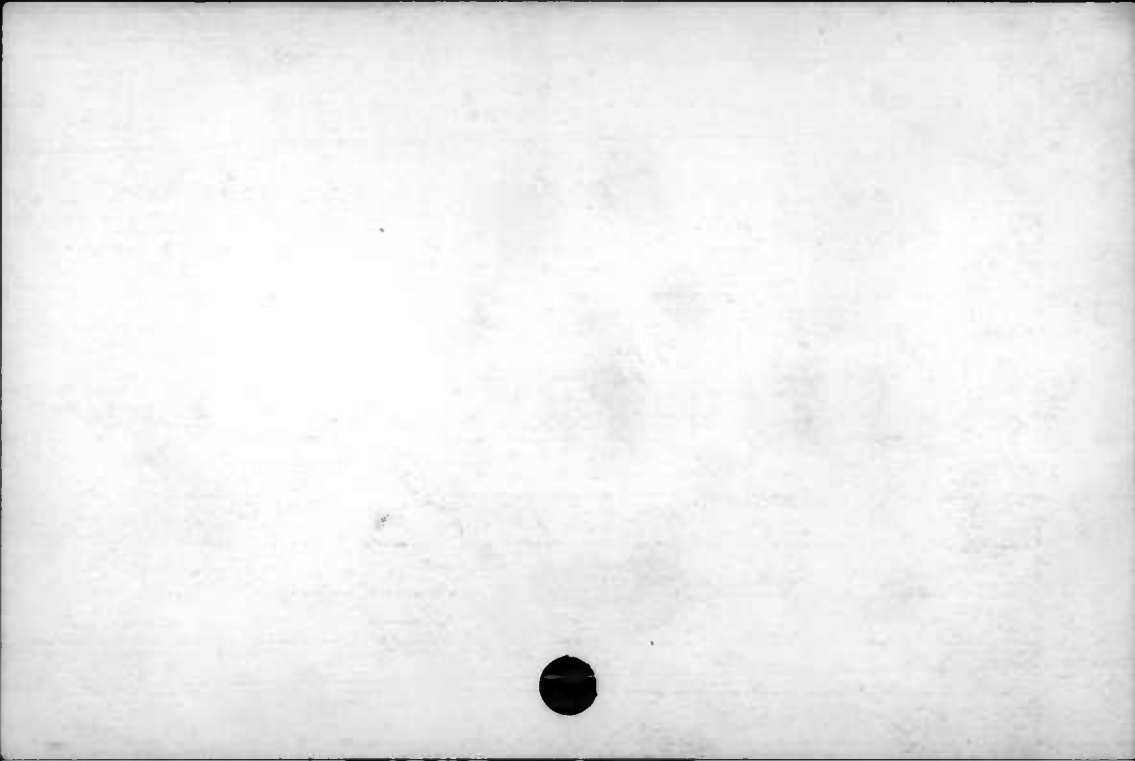
Immediate Brain coma How long Three days

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician J. H. Preston

Address Manchester Md

Accident or Suicide?



Name in Full		Margaret Zuse				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town		County		MARYLAND
	Date of death		Month	Day	Years	Months	
	Sex		Color or Race		Birth-place		
	Occupation		Where Residing if not at place of death				
	Married, Single or Widowed		Name of Wife or Husband				
	Father's Name		Father's Birthplace				
	Mother's Maiden Name		Mother's Birthplace				
Name of person giving information		How related to deceased					
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary		How long				
	Immediate		How long				
	Are the name, age, sex, color, date and place correctly given above?		Signature of Physician				
			Address				
	Accident or Suicide?						

